

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>STEVENS & LEE SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1973</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>23-1886296</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>610-478-2000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1973</u>		2b Employer Identification Number (EIN) <u>23-1886296</u>		2c Plan Sponsor's telephone number <u>610-478-2000</u>		2d Business code (see instructions) <u>541110</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
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2c Plan Sponsor's telephone number <u>610-478-2000</u>											
2d Business code (see instructions) <u>541110</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STEVENS & LEE</u> <u>P.O. BOX 679</u> <u>111 NORTH SIXTH STREET</u> <u>READING, PA 19603-0679</u> <u>READING, PA 19603-0679</u>											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/25/2023	CHARLES HARENZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/25/2023	JOHN DUROFCHALK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor STEVENS & LEE P.O. BOX 679 READING, PA 19603-0679		3b Administrator's EIN 23-1886296 3c Administrator's telephone number 610-478-2000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 421
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 319 6a(2) 319 6b 8 6c 103 6d 430 6e 5 6f 435 6g 434 6h 23
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2H 2J 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STEVENS & LEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STEVENS & LEE	D Employer Identification Number (EIN) 23-1886296	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BANK OF AMERICA
94-1687665

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 33 51 52 56 59 60 62 63 71 99	NONE	1188921	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	111136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CONRAD SIEGEL ACTUARIES

23-1669823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 49 50	NONE	38089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FULLER & THALER ASSET MANAGEMENT, I

411 BOREL AVENUE SUITE 300
SAN MATEO, CA 94402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

PACIFIC INVESTMENT COMPANY LLC

95-2632339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

JANUS CAPITAL LLC

43-1804048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HARTFORD FUNDS COMPANY, LLC

PO BOX 55022
BOSTON, MA 02205-5022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

LOOMIS, SAYLES & COMPANY LP

399 BOYLSTON STREET
BOSTON, MA 02116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

CAPITAL RESEARCH AND COMPANY

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LEGG MASON PARTNERS FUND ADVISOR, L

100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

T. ROWE PRICE ASSOCIATES, INC.

52-2264646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

PIMCO

95-2632339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MASSACHUSETTS FINANCIAL SERVICES CO

PO BOX 55824
BOSTON, MA 02205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

INVESCO ADVISERS, INC.

76-0528004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

JP MORGAN INVESTMENT INC

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BLACKROCK FUND ADVISORS

51-0318674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

LORD, ABBETT & CO LLC

90 HUDSON STREET
JERSEY CITY, NJ 07302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

COLUMBIA MANGMT INVESTMENT ADVISORS

P.O. BOX 8081
BOSTON, MA 02266-8081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BLACKROCK ADVISORS LLC

51-0318674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

BNY MELLON FUND ADVISORS

240 GREENWICH STREET
NEW YORK, NY 10286

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

DELAWARE COMPANY

2005 MARKET ST.
PHILADELPHIA, PA 19103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FRANKLIN ADVISERS INC

94-3167260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

CHIRON INVESTMENT MANAGEMENT, LLC

350 AVENUE OF THE AMERICAS
SUITE 700
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

BLACKSTONE ALTERNATIVE ASSET MANAGE

345 PARK AVENUE
NEW YORK, NY 10154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BLACKSTONE REAL ESTATE INCOME ADVIS

345 PARK AVENUE
NEW YORK, NY 10154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

CENTRAL PARK GROUP, LLC

805 3RD AVE, 18TH FLOOR
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

IRONWOOD CAPITAL MANAGEMENT

ONE MARKET PLAZA STUART TOWER
SUITE 2500
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LASALLE INVESTMENT MANAGEMENT, INC.

333 WEST WACKER DR
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

PARTNERS GROUP (USA) INC

1114 AVENUE OF THE AMERICAS 37TH FL
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

RENAISSANCE TECHNOLOGIES LLC

250 VESEY STREET, 11TH FLOOR
NEW YORK, NY 10281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SKYBRIDGE CAPITAL II LLC

527 MADISON AVENUE, 16TH FL
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FULLER & THALER ASSET MANAGEMENT, I	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FULLER & THALER BEHAVIORAL SMALL-CA 411 BOREL AVENUE SUITE 300 SAN MATEO, CA 94402	0.60% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO TOTAL RETURN INSTL 95-2632339	0.46% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JANUS CAPITAL MANAGEMENT LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON SMALL CAP VALUE I 43-1804048	0.82% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARTFORD FUNDS MANAGEMENT COMPANY L	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD MIDCAP R5 PO BOX 55022 BOSTON, MA 02205-5022	0.71% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOOMIS SAYLES & COMPANY LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES GROWTH Y 399 BOYLSTON STREET BOSTON, MA 02116	0.50% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REAL RETURN INSTL 95-2632339	0.45% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS EUROPACIFIC GROWTH R 95-1411037	0.41% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS NEW PERSPECTIVE R5 95-1411037	0.37% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LEGG MASON PARTNERS FUND ADVISOR LL	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE SMALL CAP GROWTH I 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	0.75% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE ASSOCIATES INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE EXTENDED EQUITY MARKE 52-2264646	0.35% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO ALL ASSET ALL AUTHORITY A 95-2632339	0.45% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS FINANCIAL SERVICES CO	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS MID CAP VALUE R4 PO BOX 55824 BOSTON, MA 02205	0.65% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISERS, INC.	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DEVELOPING MKTS R6 76-0528004	0.76% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT INCOME R5 13-2624428	0.00% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT 2030 R5 13-2624428	0.58% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT BLEND 2020 13-2624428	0.15% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN HIGH YIELD R5 13-2624428	0.50% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT 2040 R5 13-2624428	0.59% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT 2050 R5 13-2624428	0.59% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES S&P 500 INDEX INSTITUTIONAL 51-0318674	0.01% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS FINANCIAL SERVICES CO	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTERNATIONAL VALUE A PO BOX 55824 BOSTON, MA 02205	0.61% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT & CO LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT SHORT DURATION INCOME R 90 HUDSON STREET JERSEY CITY, NJ 07302	0.25% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT BLEND 2060 13-2624428	0.59% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA MGMT INVESTMENT ADVISERS L	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA CONTRARIAN CORE ADV P.O. BOX 8081 BOSTON, MA 02266-8081	0.62% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES MSCI EAFE INTL IDX INSTL 51-0318674	0.01% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES US AGGREGATE BOND INDEX K 51-0318674	0.04% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK EQUITY DIVIDEND INSTL 51-0318674	0.56% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK GLOBAL ALLOCATION INSTL 51-0318674	0.75% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO FIXED INCOME SHARES C 95-2632339	0.31% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO FIXED INCOME SHARES M 95-2632339	0.31% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO FIXED INCOME SHARES R 95-2632339	1.29% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BNY MELLON FUND ADVISERS	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON GLOBAL FIXED INCOME FUND 240 GREENWICH STREET NEW YORK, NY 10286	0.40% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK ALLOCATION TARGET SHRS SE 51-0318674	0.00% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK ALLOCATION TARGET SHRS SE 51-0318674	0.57% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DELAWARE MANAGEMENT COMPANY	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DELAWARE CORPORATE BOND INST 2005 MARKET ST. PHILADELPHIA, PA 19103	0.48% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FRANKLIN ADVISERS INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON GLOBAL BOND ADV 94-3167260	0.48% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DELAWARE MANAGEMENT COMPANY	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DELAWARE VALUE INST 2005 MARKET ST. PHILADELPHIA, PA 19103	0.51% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHIRON INVESTMENT MANAGEMENT, LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHIRON CAPITAL ALLOCATION FUND CLAS 350 AVENUE OF THE AMERICAS NEW YORK, NY 10019	0.95% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FULLER & THALER ASSET MANAGEMENT, I	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FULLER & THALER BEHAVIORAL SMALL- CA 411 BOREL AVENUE SUITE 300 SAN MATEO, CA 94402	0.60% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO TOTAL RETURN INSTL 95-2632339	0.46% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JANUS CAPITAL MANAGEMENT LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON SMALL CAP VALUE I 43-1804048	0.82% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARTFORD FUNDS MANAGEMENT COMPANY L	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD MIDCAP R5 PO BOX 55022 BOSTON, MA 02205-5022	0.71% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOOMIS SAYLES & COMPANY LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES GROWTH Y 399 BOYLSTON STREET BOSTON, MA 02116	0.50% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REAL RETURN INSTL 95-2632339	0.45% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS EUROPACIFIC GROWTH R 95-1411037	0.41% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS NEW PERSPECTIVE R5 95-1411037	0.37% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LEGG MASON PARTNERS FUND ADVISOR LL	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE SMALL CAP GROWTH I 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	0.75% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE ASSOCIATES INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE EXTENDED EQUITY MARKE 52-2264646	0.35% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO ALL ASSET ALL AUTHORITY A 95-2632339	0.45% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS FINANCIAL SERVICES CO	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS MID CAP VALUE R4 PO BOX 55824 BOSTON, MA 02205	0.65% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISERS, INC.	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DEVELOPING MKTS R6 76-0528004	0.76% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT INCOME R5 13-2624428	0.00% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT 2030 R5 13-2624428	0.58% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT BLEND 2020 13-2624428	0.15% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN HIGH YIELD R5 13-2624428	0.50% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT 2040 R5 13-2624428	0.59% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT 2050 R5 13-2624428	0.59% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES S&P 500 INDEX INSTITUTIONAL 51-0318674	0.01% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS FINANCIAL SERVICES CO	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTERNATIONAL VALUE A PO BOX 55824 BOSTON, MA 02205	0.61% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT & CO LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT SHORT DURATION INCOME R 90 HUDSON STREET JERSEY CITY, NJ 07302	0.25% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT BLEND 2060 13-2624428	0.59% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA MGMT INVESTMENT ADVISERS L	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA CONTRARIAN CORE ADV P.O. BOX 8081 BOSTON, MA 02266-8081	0.62% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES MSCI EAFE INTL IDX INSTL 51-0318674	0.01% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES US AGGREGATE BOND INDEX K 51-0318674	0.04% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK EQUITY DIVIDEND INSTL 51-0318674	0.56% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK GLOBAL ALLOCATION INSTL 51-0318674	0.75% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO FIXED INCOME SHARES C 95-2632339	0.31% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO FIXED INCOME SHARES M 95-2632339	0.31% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO FIXED INCOME SHARES R 95-2632339	1.29% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BNY MELLON FUND ADVISERS	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNY MELLON GLOBAL FIXED INCOME FUND 240 GREENWICH STREET NEW YORK, NY 10286	0.40% OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK ALLOCATION TARGET SHRS SE 51-0318674	0.00% OF ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK ALLOCATION TARGET SHRS SE 51-0318674	0.57% OF ASSETS

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DELAWARE MANAGEMENT COMPANY	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DELAWARE CORPORATE BOND INST 2005 MARKET ST. PHILADELPHIA, PA 19103	0.48% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FRANKLIN ADVISERS INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON GLOBAL BOND ADV 94-3167260	0.48% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DELAWARE MANAGEMENT COMPANY	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DELAWARE VALUE INST 2005 MARKET ST. PHILADELPHIA, PA 19103	0.51% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHIRON INVESTMENT MANAGEMENT, LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation CHIRON CAPITAL ALLOCATION FUND CLAS 350 AVENUE OF THE AMERICAS NEW YORK, NY 10019	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.95% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FULLER & THALER ASSET MANAGEMENT, I	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FULLER & THALER BEHAVIORAL SMALL-CA	0.60% OF ASSETS	
411 BOREL AVENUE SUITE 300 SAN MATEO, CA 94402		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO TOTAL RETURN INSTL 95-2632339	0.46% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JANUS CAPITAL MANAGEMENT LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON SMALL CAP VALUE I 43-1804048	0.82% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARTFORD FUNDS MANAGEMENT COMPANY L	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD MIDCAP R5 PO BOX 55022 BOSTON, MA 02205-5022	0.71% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOOMIS SAYLES & COMPANY LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES GROWTH Y 399 BOYLSTON STREET BOSTON, MA 02116	0.50% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REAL RETURN INSTL 95-2632339	0.45% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS EUROPACIFIC GROWTH R 95-1411037	0.41% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS NEW PERSPECTIVE R5 95-1411037	0.37% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LEGG MASON PARTNERS FUND ADVISOR LL	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE SMALL CAP GROWTH I 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	0.75% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
T ROWE PRICE ASSOCIATES INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE EXTENDED EQUITY MARKE 52-2264646	0.35% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO ALL ASSET ALL AUTHORITY A 95-2632339	0.45% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS FINANCIAL SERVICES CO	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS MID CAP VALUE R4 PO BOX 55824 BOSTON, MA 02205	0.65% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISERS, INC.	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DEVELOPING MKTS R6 76-0528004	0.76% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT INCOME R5 13-2624428	0.00% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT 2030 R5 13-2624428	0.58% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT BLEND 2020 13-2624428	0.15% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN HIGH YIELD R5 13-2624428	0.50% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT 2040 R5 13-2624428	0.59% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT 2050 R5 13-2624428	0.59% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES S&P 500 INDEX INSTITUTIONAL 51-0318674	0.01% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS FINANCIAL SERVICES CO	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTERNATIONAL VALUE A PO BOX 55824 BOSTON, MA 02205	0.61% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT & CO LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT SHORT DURATION INCOME R 90 HUDSON STREET JERSEY CITY, NJ 07302	0.25% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT BLEND 2060 13-2624428	0.59% OF ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA MGMT INVESTMENT ADVISERS L	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA CONTRARIAN CORE ADV P.O. BOX 8081 BOSTON, MA 02266-8081	0.62% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STEVENS & LEE SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 STEVENS & LEE	D Employer Identification Number (EIN) 23-1886296	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	172665	147233
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6220916	5752549
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	257400	264955
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10517979	15148939
(2) U.S. Government securities	1c(2)	17386410	17662475
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11366683	11037355
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	94292613	108321709
(5) Partnership/joint venture interests	1c(5)	2158195	2622685
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	83329990	95418499
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	14199474	14956668

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	239902325 271333067
Liabilities			
g	Benefit claims payable	1g	15146 2531020
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	15146 2531020
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	239887179 268802047

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	7262205
	(B) Participants	2a(1)(B)	2676126
	(C) Others (including rollovers).....	2a(1)(C)	2182638
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	12120969
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	319807
	(C) Corporate debt instruments	2b(1)(C)	327967
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	68188
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	715962
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	1270059
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	7269596
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	8539655
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	54918296
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	39621340
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	15296956
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	6280612
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	6280612

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2988140
c Other income.....	2c		462144
d Total income. Add all income amounts in column (b) and enter total.....	2d		46404438
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16144423	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		16144423
f Corrective distributions (see instructions).....	2f		1415
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	149224	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1194508	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1343732
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17489570
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		28914868
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: TOMASI & COMPANY PC

(2) EIN: 83-0664781

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>STEVENS & LEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STEVENS & LEE</u>	D Employer Identification Number (EIN) <u>23-1886296</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1687665</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

STEVENS & LEE SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

**YEARS ENDED DECEMBER 31, 2021 AND 2020
WITH INDEPENDENT AUDITORS' REPORT**

STEVENS & LEE SAVINGS PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Stevens & Lee Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of Stevens & Lee Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Stevens & Lee Saving Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Stevens & Lee Saving Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Stevens & Lee Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Stevens & Lee Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule of Assets Held for Investment Purposes at the End of the Plan Year and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Stevens & Lee Savings Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 4, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Lomasi & Company PC

Wyomissing, PA
October 13, 2022

STEVENS & LEE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2021	2020
ASSETS		
Investments, at fair value:		
Money market funds	\$ 15,148,939	\$ 10,517,979
Corporate and government bonds	31,262,235	31,760,422
Common and preferred stocks	108,321,709	94,292,613
Registered investment companies	95,418,499	83,329,990
Other investments	15,016,948	13,350,340
Total investments	265,168,330	233,251,344
Receivables:		
Employer contribution	5,752,549	6,220,916
Employee contribution	-	-
Accrued interest and dividends	264,955	257,400
Total receivables	6,017,504	6,478,316
Cash	147,233	172,665
Total assets	271,333,067	239,902,325
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 271,333,067</u>	<u>\$ 239,902,325</u>

STEVENS & LEE SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2021	2020
ADDITIONS/(REDUCTIONS) TO NET ASSETS		
ATTRIBUTED TO:		
Interest and dividend income	\$ 9,636,234	\$ 5,166,667
Other income	81,527	10,325
Net appreciation (depreciation) in fair value of investments	24,565,708	17,638,812
Contributions:		
Participants	2,676,126	2,641,866
Rollovers	2,182,638	173,223
Employer	7,262,205	6,802,483
	<u>12,120,969</u>	<u>9,617,572</u>
Total additions/(reductions)	<u>46,404,438</u>	<u>32,433,376</u>
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO:		
Benefits paid directly to participants	13,629,963	12,128,554
Investment & administrative fees net of rebates	<u>1,343,733</u>	<u>1,162,040</u>
Total deductions	<u>14,973,696</u>	<u>13,290,594</u>
Net increase/(decrease) in plan assets available for benefits	31,430,742	19,142,782
NET ASSETS AVAILABLE FOR BENEFITS		
AT BEGINNING OF YEAR	<u>239,902,325</u>	<u>220,759,543</u>
NET ASSETS AVAILABLE FOR BENEFITS		
AT END OF YEAR	<u><u>\$ 271,333,067</u></u>	<u><u>\$ 239,902,325</u></u>

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Stevens & Lee Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document and related summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Stevens & Lee (the Company) and its affiliated businesses. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Participants can elect to contribute up to a maximum of 25% of annual compensation including bonuses on a pre-tax basis, as defined in the Plan. Eligible employees hired on or after January 1, 2015 are automatically enrolled in the 401(k) portion of the Plan as of their first eligible payroll date and deemed to make an affirmative election to contribute 2% of compensation unless the employee makes an affirmative election to not contribute. The Company may make annual discretionary profit-sharing contributions in an amount from current and accumulated earnings, as determined by the Board of Directors.

All 401(k) accounts are participant directed. Accounts in the profit-sharing portion of the Plan can be participant directed if a qualified individual (one who attained age 60 or will attain age 60 by the end of the Plan year) elects to direct investments into a diversification account.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions, (b) forfeitures, and (c) plan earnings. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are either used to reduce future Company contributions or reallocated to all active participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their pre-tax contributions plus actual earnings thereon. Vesting in the Company contribution portion of their accounts plus actual earnings thereon is based upon years of service. A participant is 100% vested after three years of service. A year of service is defined as 1,000 hours or more of service during a Plan calendar year.

Payment of Benefits

On termination of service, due to death, disability, retirement or termination, a participant, or beneficiary in the case of death, may receive a distribution equal to the vested value of his or her account.

Coronavirus Aid, Relief, and Economic Security Act - On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was passed by Congress, which included provisions relating to retirement plans. Effective April 9, 2020, the Plan adopted the distribution provision for qualified individuals (as defined under the CARES Act), including penalty-free

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

coronavirus-related distributions of up to \$100,000 per individual. This temporary relief provision was effective through December 31, 2020.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of the Internal Revenue Code (the "Code") and ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$253,452 and \$100,011 respectively. These accounts are used to reduce employer contributions, restore qualified previously forfeited accounts for rehired employees or allocated to active participants' accounts. In 2021 and 2020, the full \$253,452 and \$100,011 were used to reduce employer contributions.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as determined and certified to by the Plan's trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

Shares of registered investment companies and real estate investment trusts are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year-end. Money market accounts are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

The Company pays various costs associated with the administration of the Plan. Additionally, the Plan has entered into trustee and investment advisory fee agreements, as well as a recordkeeping service agreement with Bank of America, N.A., a subsidiary of Bank of America Corporation. Additional recordkeeping services are provided by Conrad Siegel Actuaries for the profit-sharing portion of the Plan. These services are paid by the Plan.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The plan administrator has evaluated subsequent events through October 13, 2022, which is the date the financial statements were available to be issued.

NOTE 3 NONPARTICIPANT-DIRECTED INVESTMENTS

The following is information about net assets and significant components of changes in net assets related to the nonparticipant-directed investments as of and for the years ended December 31, 2021 and 2020, respectively:

	<u>2021</u>	<u>2020</u>
Net Assets		
Investments, at fair value:		
Money market funds	\$ 13,803,060	\$ 6,418,940
Corporate and government bonds	20,698,917	21,725,153
Common and preferred stocks	108,321,709	94,292,613
Registered investment companies	40,239,983	36,948,767
Other investments	15,016,948	13,350,340
Cash	<u>140,994</u>	<u>157,340</u>
Total investments	198,221,611	172,893,153
 Interest and dividend receivable	 218,389	 203,407
Employer contribution receivable	<u>5,752,549</u>	<u>6,220,916</u>
 Net assets available for benefits	 <u>\$ 204,192,549</u>	 <u>\$ 179,317,476</u>

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 NONPARTICIPANT-DIRECTED INVESTMENTS (CONTINUED)

Changes in net assets	2021	2020
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 22,622,367	\$ 13,139,258
Interest and dividend income	5,207,380	2,975,085
Other income	71,563	10,313
Inter-fund transfers – net	1,938,210	836,877
Employer contributions	7,252,549	6,802,483
Benefits paid directly to participants	(10,967,303)	(8,746,771)
Investment & administrative fees net of rebates	(1,249,693)	(1,112,217)
Net increase	\$24,875,073	\$ 13,905,028

NOTE 4 FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows.

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Money market funds and registered investment companies: Registered investment companies are valued at the daily closing price as reported by the fund. The funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are classified as level 1 investments. Money market funds are valued at net asset value (NAV) of shares held by the Plan based on prices that may not be fully active or observable at year end and are categorized as level 2.

Common and preferred stocks: Valued at the closing price reported in active or inactive markets or observable inputs in which the individual securities are traded. All of these positions are classified as level 1 in the hierarchy.

Corporate and government bonds: Corporate bonds are based on observable market inputs while the government and municipal bonds typically use spreads obtained from trade and issue markets. These are included in level 2 fair value hierarchy. United States Treasury securities are traded in active markets and therefore are considered Level 1 securities in the hierarchy.

Alternative investments: Valued at the closing price reported in inactive markets as of the close of business at the end of the year where significant inputs are not observable. The unobservable inputs reflect assumptions about assumptions that market participants would use. These are classified as level 3 assets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020, respectively:

Assets at Fair Value as of December 31, 2021

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 15,144,691	\$ 4,248	\$ -	\$ 15,148,939
Registered investment companies	93,972,023	1,446,476	-	95,418,499
Common and preferred stocks	108,321,709	-	-	108,321,709
Government bonds	12,172,315	6,161,878	-	18,334,193
Corporate bonds	-	12,928,042	-	12,928,042
Alternative Investments	3,354,693	-	11,662,255	15,016,948
Total Assets at Fair Value	<u>\$ 232,965,431</u>	<u>\$ 20,540,644</u>	<u>\$ 11,662,255</u>	<u>\$ 265,168,330</u>

Assets at Fair Value as of December 31, 2020

	Level 1	Level 2	Level 3	Total
Money market fund	\$ -	\$ 10,517,979	\$ -	\$ 10,517,979
Registered investment companies	81,646,248	1,683,742	-	83,329,990
Common and preferred stocks	94,292,613	-	-	94,292,613
Government bonds	10,025,445	10,368,294	-	20,393,739
Corporate bonds	-	11,366,683	-	11,366,683
Alternative Investments	3,455,241	-	9,895,099	13,350,340
Total Assets at Fair Value	<u>\$189,419,547</u>	<u>\$ 33,936,698</u>	<u>\$ 9,895,099</u>	<u>\$ 233,251,344</u>

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

LEVEL 3 GAINS AND LOSSES

The following tables set forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2021 and 2020, respectively:

Changes in Fair Value as of December 31, 2021

	Common Stock	Alternative Investments	Total
Balance, beginning of year	\$	\$ 9,895,099	\$ 9,895,099
Realized gains (losses)		70,482	70,482
Unrealized gains (losses) relating to instruments still held at the reporting date	-	1,119,457	1,119,457
Purchases, sales, issuances and settlements			
Purchases	-	2,973,265	2,973,265
Issuances	-	-	-
Sales	-	(2,396,048)	(2,396,048)
Settlements	-	-	-
	-	-	-
Balance, end of year	<u>\$ -</u>	<u>\$ 11,662,255</u>	<u>\$ 11,662,255</u>

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in Fair Value as of December 31, 2020

	Common Stock	Alternative Investments	Total
Balance, beginning of year	\$ -	\$ 11,506,618	\$ 11,506,618
Realized gains (losses)		(415,868)	(415,868)
Unrealized gains (losses) relating to instruments still held at the reporting date	-	(246,541)	(246,541)
Purchases, sales, issuances and settlements			
Purchases	-	1,870,706	1,870,706
Issuances	-	-	-
Sales	-	(2,819,816)	(2,819,816)
Settlements	-	-	-
Balance, end of year	<u>\$ -</u>	<u>\$ 9,895,099</u>	<u>\$ 9,895,099</u>

NOTE 5 INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated November 17, 2017 stating that the Plan is designed and qualified in accordance with applicable sections of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. The Plan was most recently amended effective January 1, 2020 to reflect certain provisions of the CARES Act and the SECURE Act.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 6 RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2021 and 2020 to Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 271,333,067	\$ 239,902,325
Less: Amounts allocated to withdrawing participants	<u>(2,531,020)</u>	<u>(15,146)</u>
Net assets available for benefits per Form 5500	<u>\$ 268,802,407</u>	<u>\$ 239,887,179</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2021 and 2020 to Form 5500:

	<u>2021</u>	<u>2020</u>
Benefits paid to participants per the financial statements	\$ 13,629,963	\$ 12,128,554
Add: Unpaid amounts allocated to withdrawing participants	2,531,020	14,951
Less: Paid amounts allocated to withdrawing participants previously included	(15,146)	-
Less: Amounts allocated for corrective distributions to participants for excess contributions paid back to the plan net rounding	<u>(1,414)</u>	<u>(4,160)</u>
Benefits paid to participants per Form 5500	<u>\$ 16,144,423</u>	<u>\$ 12,139,345</u>

NOTE 7 INFORMATION CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2021 and 2020. Accordingly, Bank of America N.A., a subsidiary of Bank of America Corporation, the trustee and custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2021 and 2020 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9 RELATED PARTY TRANSACTIONS

Certain investments held by the Plan are managed by Merrill Lynch or an indirect wholly-owned subsidiary of Merrill Lynch. Merrill Lynch is a subsidiary of Bank of America Corporation, and also record-keeper of the 401(k) portion of the Plan; Bank of America, N.A., the custodian and trustee of the Plan, is also a subsidiary of Bank of America Corporation. Therefore, these transactions qualify as party-in-interest transactions. Fees charged by the custodian in 2021 and 2020 for investment management/advisory and trustee expenses were \$1,236,734 and \$1,035,435 and \$111,136 and \$120,201 respectively. Conrad Siegel Actuaries is also record-keeper and provides various services including preparation of Internal Revenue Service Form 5500. The party-in-interest fees charged by the record keeper were \$38,089 and \$54,216 in 2021 and 2020. Fees were offset by rebates and adjustments of \$42,226 and \$47,812 in 2021 and 2020. The overall net fees charged were \$1,343,733 and \$1,162,040 in 2021 and 2020. Although these transactions are party-in-interest transactions, they are not prohibited under ERISA or the Internal Revenue Code.

SUPPLEMENTAL SCHEDULES

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money Market Funds				
	Blackrock Liquidity FedFund	795,085 shares	\$ 795,085	\$ 795,085
	Blackrock Liquidity Funds	14,349,606 shares	14,349,606	14,349,606
*	Retirement Bank Account	4,248 shares	4,248	4,248
	Total Money Market Funds		15,148,939	15,148,939
Corporate/Government Bonds				
	Abbvie Inc 3.600%05/14/25	141,000 par	152,536	149,983
	Abbvie Inc 4.250% 11/21/49	98,000 par	121,658	117,485
	Abbvie Inc 4.250% 11/14/28	114,000 par	129,538	129,014
	Alphabet Inc 2.050% 8/15/50	98,000 par	94,725	87,837
	Amazon Com Inc 1.500% 06/03/30	183,000 par	187,785	177,532
	American Express Co 3.400% 02/27/23	170,000 par	176,748	174,920
	American Mun Pwr Ohio Inc Rev 2.219% 02/15/23	40,000 par	40,000	40,622
	American Tower Corp 2.700% 04/15/31	131,000 par	133,468	131,546
	Anheuser-Busch Inbev Fin Inc 4.900% 02/01/46	119,000 par	125,823	149,853
	Apple Inc 2.400% 05/03/23	170,000 par	173,718	174,068
	Apple Inc 3.000% 02/09/24	127,000 par	127,924	132,331
	Apple Inc 2.900% 09/12/27	92,000 par	101,160	98,124
	Apple Inc 2.950% 09/11/49	92,000 par	97,485	95,140
	AT&T Inc 3.400% 05/15/25	141,000 par	156,974	149,013
	AT&T Inc GLB 4.250% 03/01/27	117,000 par	120,192	129,857
	Bank Montreal 2.350% 09/11/22	224,000 par	231,209	226,867
	Bank of Nova Scotia 1.350% 6/23/23	2,000 par	2,009	1,977
	B A T Intl Fin Plc 1.668% 03/25/26	91,000 par	91,626	89,377
	Berkshire Hathaway Inc 2.750% 03/15/23	66,000 par	69,355	67,393
	Boeing Co 2.800% 03/01/24	146,000 par	148,571	150,038
	BP Capital Markets Amer Inc 4.234% 11/06/28	155,000 par	173,521	175,094
	BP Capital Markets America 3.119% 05/04/26	85,000 par	92,807	89,911
	BP Capital Markets America 3.279% 09/19/27	61,000 par	61,069	65,574
	Capital One Financial 3.300% 10/30/24	107,000 par	116,669	112,638
	Carmax Auto 1.700% 11/15/24	3,078 par	3,110	3,098
	Carmax Auto 1.890% 12/16/24	134,338 par	137,012	135,540
	Centerville Ohio City Sch Dist 1.549% 12/01/30	95,000 par	95,000	91,965
	Citigroup Inc 2.750% 04/25/22	105,000 par	107,781	105,568
	Citigroup Inc Var% 10/30/24	92,000 par	92,410	91,417
	Citigroup Inc Var% 06/03/31	98,000 par	103,805	98,951
	Citigroup Inc 3.200% 10/21/26	165,000 par	161,150	174,946
	Citigroup Inc 3.300% 04/27/25	122,000 par	121,723	129,626
	Columbus Ohio City SchDist 2.577% 12/01/29	250,000 par	250,000	261,775
	Comcast Corp 3.550% 05/01/28	119,000 par	113,065	130,561
	Comcast Corp 3.450% 02/01/50	112,000 par	120,813	120,040
	CVS Health Corp 2.875% 06/01/26	107,000 par	114,371	111,806
	CVS Health Corp 4.300% 03/25/28	270,000 par	298,728	303,213
	Duke Energy Corp 2.550% 06/15/31	131,000 par	132,416	131,303
	Enterprise Products Oper 4.450% 02/15/43	56,000 par	57,279	64,063
	Enterprise Products Oper 3.750% 02/15/25	62,000 par	62,292	65,903

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate/Government Bonds (continued)			
	Eog Res Inc 2.625% 03/15/23	223,000 par	229,940	226,798
	Energy Tranfer Oper 2.900% 05/15/25	144,000 par	148,923	148,643
	Federal Home LN BKS 3.250% 11/16/28	295,000 par	319,168	329,878
	Federal Home LN MTG Corp 0.125% 10/16/23	105,000 par	104,656	103,972
	Federal Home LN MTG Corp .250% 11/06/23	105,000 par	105,073	104,082
	Federal Home LNMTG Corp 1.50% 11/01/35	254,700 par	260,531	255,717
	Federal Home LNMTG Corp 2.000% 05/01/36	46,114 par	47,663	47,274
	Federal Home LNMTG Corp 2.000% 11/01/36	11,810 par	12,144	12,107
	Federal Home LNMTG Corp 2.000% 07/01/36	9,389 par	9,752	9,625
	Federal Home LNMTG Corp 2.000% 06/01/36	25,772 par	26,621	26,465
	Federal Home LN MTG Corp 2.500%07/01/50	142,622 par	148,460	145,718
	Federal Home LN MTG Corp 2.500% 06/01/35	80,068 par	83,865	83,025
	Federal Home LN MTG Corp 2.500% 02/01/51	16,824 par	17,755	17,190
	Federal Home LN MTG Corp 3.000%07/01/51	2,776 par	2,929	2,878
	Federal Home LN MTG Corp 3.000% 12/01/44	14,376 par	14,982	15,116
	Federal Home LN MTG Corp 3.000% 04/01/45	907 par	935	953
	Federal Home LN MTG Corp 3.000% 04/01/46	19,067 par	23,419	20,048
	Federal Home LN MTG Corp 3.000% 11/01/46	44,953 par	44,981	47,325
	Federal Home LN MTG Corp 3.000% 12/01/46	7,471 par	8,270	7,829
	Federal Home LN MTG Cor p3.000% 09/01/51	9,673 par	10,179	10,051
	Federal Home LN MTG Corp 3.000% 02/01/47	14,655 par	14,536	15,479
	Federal Home LN MTG Corp 3.000% 04/01/47	5,702 par	5,715	5,971
	Federal Home LN MTG Corp 3.000% 01/01/52	9,000 par	9,381	9,349
	Federal Home LN MTG Corp 3.000% 12/01/34	44,599 par	50,684	46,680
	Federal Home LN MTG Corp 3.000% 06/01/50	13,803 par	14,646	14,312
	Federal Home LN MTG Corp 3.000% 05/01/35	53,215 par	63,680	55,941
	Federal Home LN MTG Corp 3.000% 01/01/47	7,286 par	7,545	7,640
	Federal Home LN MTG Corp 3.500% 02/01/47	2,618 par	2,688	2,791
	Federal Home LN MTG Corp 3.500% 03/01/27	925 par	982	975
	Federal Home LN MTG Corp 3.500% 08/01/28	614 par	650	647
	Federal Home LN MTG Corp 3.500% 07/01/30	1,464 par	1,538	1,549
	Federal Home LN MTG Corp 3.500% 07/01/49	18,204 par	36,987	19,197
	Federal Home LN MTG Corp 3.500% 04/01/50	147,386 par	174,775	155,345
	Federal Home LN MTG Corp 3.500% 11/01/44	523 par	547	560
	Federal Home LN MTG Corp 3.500% 12/01/44	1,292 par	1,361	1,382
	Federal Home LN MTG Corp 3.500% 02/01/45	464 par	483	498
	Federal Home LN MTG Corp 3.500% 06/01/45	190 par	196	203
	Federal Home LN MTG Corp 3.500% 07/01/45	7,481 par	7,757	7,993
	Federal Home LN MTG Corp 3.500% 01/01/46	6,218 par	6,522	6,643
	Federal Home LN MTG Corp 3.500% 06/01/50	41,466 par	51,933	43,710
	Federal Home LNMTG Corp 3.500% 03/01/46	5,725 par	6,044	6,157
	Federal Home LN MTG Corp 3.500% 03/01/46	3,550 par	3,732	3,791
	Federal Home LN MTG Corp 3.500% 05/1/47	19,758 par	20,321	21,020
	Federal Home LN MTG Corp 3.500% 04/01/46	2,101 par	2,174	2,243
	Federal Home LN MTG Corp 3.500% 09/01/26	613 par	650	646
	Federal Home LN MTG Corp 3.500% 01/01/50	287 par	389	303
	Federal Home LN MTG Corp 4.000% 01/01/41	12,749 par	12,663	13,941

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate/Government Bonds (continued)			
	Federal Home LN MTG Corp 4.000% 11/01/41	18,062 par	19,307	19,842
	Federal Home LN MTG Corp 4.000% 11/01/43	31,446 par	33,033	34,449
	Federal Home LN MTG Corp 4.000% 05/01/44	204 par	218	224
	Federal Home LN MTG Corp 4.000% 08/01/44	1,317 par	1,412	1,442
	Federal Home LN MTG Corp 4.000% 09/01/44	239 par	255	261
	Federal Home LN MTG Corp 4.000% 10/01/44	1,761 par	1,875	1,934
	Federal Home LN MTG Corp 4.000% 12/01/44	408 par	436	446
	Federal Home LN MTG Corp 4.000% 03/01/46	1,127 par	1,200	1,217
	Federal Home LN MTG Corp 4.000% 08/01/46	6,515 par	6,843	7,026
	Federal Home LN MTG Corp 4.000% 04/01/49	994 par	1,276	1,057
	Federal Home LN MTG Corp 4.000% 01/01/45	8,391 par	8,940	9,170
	Federal Home LN MTG Corp 4.000% 06/01/45	5,804 par	6,215	6,334
	Federal Home LN MTG Corp 4.000% 08/01/45	2,835 par	3,022	3,090
	Federal Home LN MTG Corp 4.000% 09/01/45	10,114 par	10,827	10,979
	Federal Home LN MTG Corp 4.000% 11/01/45	4,044 par	4,329	4,384
	Federal Home LN MTG Corp 4.000% 08/01/48	1,690 par	2,077	1,800
	Federal Home LN MTG Corp 4.000% 03/01/47	4,443 par	4,694	4,807
	Federal Home LN MTG Corp 4.000% 02/01/46	357 par	382	388
	Federal Home LN MTG Corp 4.000% 10/01/47	2,407 par	3,122	2,566
	Federal Home LN MTG Corp 4.500% 09/01/48	2,390 par	4,353	2,557
	Federal Home LN MTG Corp 4.500% 03/01/24	18,513 par	98,108	19,247
	Federal Home LN MTG Corp 4.500% 09/01/26	27,636 par	66,682	29,299
	Federal Home LN MTG Corp 4.500% 02/01/41	843 par	903	933
	Federal Home LN MTG Corp 4.500% 01/01/42	1,635 par	1,798	1,806
	Federal Home LN MTG Corp 4.500% 07/01/44	2,071 par	2,255	2,289
	Federal Home LN MTG Corp 4.500% 12/01/45	515 par	552	568
	Federal Home LN MTG Corp 4.500% 05/01/48	1,236 par	1,303	1,331
	Federal Home LN MTG Corp 4.500% 03/01/49	604 par	1,258	646
	Federal Home LN MTG Corp 5.000% 06/01/26	61,911 par	192,707	63,831
	Federal Home LN MTG Corp 5.500% 08/01/23	18,524 par	20,104	19,019
	Federal NATL MTG Assn 1.875% 09/24/26	507,000 par	488,669	521,100
	Federal NATL MTG Assn 2.000% 07/01/51	177,260 par	178,839	176,960
	Federal NATL MTG Assn 2.000% 02/01/36	846 par	865	867
	Federal NATL MTG Assn 2.000% 09/01/36	23,077 par	23,888	23,657
	Federal NATL MTG Assn 2.000% 10/01/35	27,204 par	28,685	27,888
	Federal NATL MTG Assn 2.500% 11/01/49	112,701 par	120,919	115,148
	Federal NATL MTG Assn 2.500% 07/01/51	127,064 par	131,407	129,823
	Federal NATL MTG Assn 2.500% 08/01/34	93,974 par	111,552	97,338
	Federal NATL MTG Assn 2.500% 09/01/35	109,121 par	119,295	112,910
	Federal NATL MTG Assn 2.500% 11/01/34	6,809 par	7,742	7,054
	Federal NATL MTG Assn 2.500% 11/01/31	156,277 par	193,295	161,793
	Federal NATL MTG Assn 2.500% 07/01/36	56,013 par	58,529	58,228
	Federal NATL MTG Assn 2.500% 07/01/35	407,174 par	444,389	421,153
	Federal NATL MTG Assn 2.500% 05/01/36	65,764 par	69,056	68,268
	Federal NATL MTG Assn 2.500% 10/01/50	34,198 par	35,916	34,941
	Federal NATL MTG Assn 3.000% 07/01/34	124,008 par	131,526	130,265
	Federal NATL MTG Assn 3.000% 07/01/46	9,976 par	11,599	10,456

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate/Government Bonds (continued)			
	Federal NATL MTG Assn 3.000% 10/01/42	15,318 par	15,821	15,993
	Federal NATL MTG Assn 3.000% 02/01/45	4,589 par	4,648	4,823
	Federal NATL MTG Assn 3.000% 05/01/45	423 par	423	442
	Federal NATL MTG Assn 3.000% 06/01/51	133,406 par	140,535	138,478
	Federal NATL MTG Assn 3.000% 01/01/35	32,818 par	38,269	34,468
	Federal NATL MTG Assn 3.000% 05/01/45	2,080 par	2,107	2,172
	Federal NATL MTG Assn 3.000% 12/01/49	15,042 par	16,416	15,596
	Federal NATL MTG Assn 3.000% 04/01/33	31,578 par	33,722	33,012
	Federal NATL MTG Assn 3.000% 06/01/46	790 par	811	831
	Federal NATL MTG Assn 3.000% 08/01/46	17,293 par	18,506	18,123
	Federal NATL MTG Assn 3.000% 11/01/46	843 par	993	885
	Federal NATL MTG Assn 3.000% 11/01/46	8,544 par	10,972	8,925
	Federal NATL MTG Assn 3.000% 02/01/48	1,384 par	1,414	1,443
	Federal NATL MTG Assn 3.000% 06/01/49	1,305 par	1,313	1,355
	Federal NATL MTG Assn 3.000% 06/01/50	38,582 par	46,194	40,024
	Federal NATL MTG Assn 3.000% 07/01/35	2,985 par	3,177	3,144
	Federal NATL MTG Assn 3.000% 04/01/35	17,073 par	18,422	17,914
	Federal NATL MTG Assn 3.000% 04/01/50	183,659 par	193,158	190,670
	Federal NATL MTG Assn 3.000% 08/01/50	31,922 par	35,312	33,104
	Federal NATL MTG Assn 3.000% 09/01/50	36,858 par	39,052	38,213
	Federal NATL MTG Assn 3.500% 01/01/27	920 par	978	969
	Federal NATL MTG Assn 3.500% 07/01/29	192 par	203	203
	Federal NATL MTG Assn 3.500% 01/01/30	984 par	1,739	1,036
	Federal NATL MTG Assn 3.500% 02/01/31	997 par	1,053	1,049
	Federal NATL MTG Assn 3.500% 09/01/35	3,234 par	3,496	3,418
	Federal NATL MTG Assn 3.500% 03/01/36	2,157 par	2,688	2,673
	Federal NATL MTG Assn 3.500% 10/01/34	6,765 par	7,308	7,162
	Federal NATL MTG Assn 3.500% 01/01/51	27,368 par	30,193	28,803
	Federal NATL MTG Assn 3.500% 07/01/50	15,484 par	18,431	16,300
	Federal NATL MTG Assn 3.500% 03/01/31	2,019 par	2,668	2,138
	Federal NATL MTG Assn 3.500% 05/01/32	2,913 par	3,425	3,087
	Federal NATL MTG Assn 3.500% 03/01/50	24,974 par	27,000	26,307
	Federal NATL MTG Assn 3.500% 11/01/51	24,359 par	25,843	25,729
	Federal NATL MTG Assn 3.500% 05/01/33	1,317 par	1,778	1,393
	Federal NATL MTG Assn 3.500% 02/01/50	12,317 par	14,760	12,963
	Federal NATL MTG Assn 3.500% 04/01/50	35,168 par	39,608	37,094
	Federal NATL MTG Assn 3.500% 11/01/49	15,917 par	18,466	16,787
	Federal NATL MTG Assn 3.500% 02/01/43	489 par	512	528
	Federal NATL MTG Assn 3.500% 03/01/35	1,754 par	1,895	1,856
	Federal NATL MTG Assn 3.500% 04/01/45	1,875 par	1,958	2,003
	Federal NATL MTG Assn 3.500% 05/01/35	2,474 par	2,974	2,609
	Federal NATL MTG Assn 3.500% 04/01/45	324 par	338	348
	Federal NATL MTG Assn 3.500% 04/01/35	5,629 par	6,136	5,935
	Federal NATL MTG Assn 3.500% 03/01/35	4,043 par	5,245	4,259
	Federal NATL MTG Assn 3.500% 08/01/45	5,023 par	5,225	5,364
	Federal NATL MTG Assn 3.500% 12/01/45	4,360 par	4,583	4,647
	Federal NATL MTG Assn 3.500% 01/01/46	5,480 par	5,746	5,827

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate/Government Bonds (continued)			
	Federal NATL MTG Assn 3.500% 03/01/50	15,609 par	17,318	16,482
	Federal NATL MTG Assn 3.500% 07/01/50	8,835 par	11,191	9,303
	Federal NATL MTG Assn 3.500% 10/01/46	284 par	290	303
	Federal NATL MTG Assn 3.500% 04/01/47	9,593 par	9,899	10,246
	Federal NATL MTG Assn 3.500% 12/01/47	24,555 par	26,758	26,041
	Federal NATL MTG Assn 3.500% 09/01/34	431 par	532	455
	Federal NATL MTG Assn 3.500% 01/01/48	5,515 par	5,630	5,842
	Federal NATL MTG Assn 3.500% 04/01/49	1,957 par	2,475	2,065
	Federal NATL MTG Assn 3.500% 06/01/49	6,063 par	6,168	6,394
	Federal NATL MTG Assn 3.500% 07/01/49	1,214 par	3,395	1,281
	Federal NATL MTG Assn 4.000% 06/01/44	590 par	630	644
	Federal NATL MTG Assn 4.000% 08/01/44	20,794 par	22,289	22,753
	Federal NATL MTG Assn 4.000% 09/01/44	906 par	961	987
	Federal NATL MTG Assn 4.000% 09/01/44	442 par	470	484
	Federal NATL MTG Assn 4.000% 10/01/44	304 par	326	333
	Federal NATL MTG Assn 4.000% 11/01/44	2,892 par	3,096	3,164
	Federal NATL MTG Assn 4.000% 09/01/45	23,998 par	25,677	26,230
	Federal NATL MTG Assn 4.000% 01/01/46	756 par	811	822
	Federal NATL MTG Assn 4.000% 02/01/47	13,608 par	14,289	14,630
	Federal NATL MTG Assn 4.000% 03/01/47	1,785 par	1,880	1,921
	Federal NATL MTG Assn 4.000% 07/01/47	49,023 par	84,669	52,526
	Federal NATL MTG Assn 4.000% 01/01/48	4,958 par	5,244	5,325
	Federal NATL MTG Assn 4.000% 04/01/48	7,251 par	7,385	7,707
	Federal NATL MTG Assn 4.000% 05/01/48	81,416 par	93,567	86,855
	Federal NATL MTG Assn 4.000% 06/01/48	5,846 par	8,616	6,237
	Federal NATL MTG Assn 4.000% 03/01/50	21,336 par	24,476	22,675
	Federal NATL MTG Assn 4.000% 11/01/48	4,598 par	6,839	4,900
	Federal NATL MTG Assn 4.000% 03/01/49	811 par	1,247	863
	Federal NATL MTG Assn 4.000% 02/01/49	49,872 par	53,246	53,025
	Federal NATL MTG Assn 4.500% 02/01/50	10,571 par	12,726	11,305
	Federal NATL MTG Assn 4.500% 06/01/25	9,171 par	9,790	9,544
	Federal NATL MTG Assn 4.500% 06/01/39	21 par	23	24
	Federal NATL MTG Assn 4.500% 06/01/44	2,865 par	3,144	3,154
	Federal NATL MTG Assn 4.500% 01/01/50	11,431 par	17,210	12,231
	Federal NATL MTG Assn 4.500% 08/01/40	3,062 par	3,346	3,323
	Federal NATL MTG Assn 4.500% 11/01/43	146 par	160	160
	Federal NATL MTG Assn 4.500% 7/01/48	2,298 par	4,220	2,460
	Federal NATL MTG Assn 4.500% 03/01/44	904 par	985	996
	Federal NATL MTG Assn 4.500% 02/01/45	118 par	128	130
	Federal NATL MTG Assn 4.500% 03/01/46	233 par	250	256
	Federal NATL MTG Assn 4.500% 05/01/46	85 par	93	92
	Federal NATL MTG Assn 4.500% 05/01/46	347 par	376	379
	Federal NATL MTG Assn 4.500% 05/01/47	603 par	650	648
	Federal NATL MTG Assn 4.500% 07/01/47	178 par	293	193
	Federal NATL MTG Assn 4.500% 11/01/47	684 par	799	739
	Federal NATL MTG Assn 4.500% 06/01/48	566 par	605	606
	Federal NATL MTG Assn 4.500% 02/01/49	424 par	700	455

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate/Government Bonds (continued)			
	Federal NATL MTG Assn 4.500% 03/01/25	20,860 par	70,475	21,855
	Federal NATL MTG Assn 4.500% 08/01/48	513 par	548	550
	Federal NATL MTG Assn 5.000% 08/01/24	12,449 par	13,531	12,891
	Federal NATL MTG Assn 5.000% 06/01/23	11,998 par	110,185	12,361
	Federal NATL MTG Assn 6.000% 02/01/23	807 par	881	816
	Federal NATL MTG Assn 6.250% 05/15/29	53,000 par	72,204	70,460
	Federal NATL MTG Assn 6.625% 11/15/30	56,000 par	86,936	78,928
	Fifth Third Bankcorp 3.650% 01/25/24	86,000 par	92,033	90,108
	Fiserv Inc 2.750% 07/01/24	86,000 par	89,535	88,969
	Fiserv Inc 3.200% 07/01/26	123,000 par	137,097	130,120
	Fiserv Inc 3.500% 07/01/29	105,000 par	113,888	113,021
	General Mtrs Co 6.125% 10/01/25	77,000 par	91,390	88,491
	Goldman Sachs Group Inc Var0% 03/08/24	115,000 par	115,429	114,488
	Goldman Sachs Group Inc 3.750% 02/25/26	121,000 par	125,610	130,369
	Goldman Sachs Group Inc 3.500% 11/16/26	240,000 par	246,469	255,890
	Home Depot Inc 2.950% 06/15/29	122,000 par	127,091	130,086
	Home Depot Inc 2.700% 04/15/30	91,000 par	100,578	95,576
	Indianapolis Ind Loc Pub Impt 02.561% 01/01/23	215,000 par	218,707	218,070
	JPMorgan Chase & Co Var% 04/22/31	170,000 par	172,166	172,001
	JPMorgan Chase & Co Var% 10/15/30	128,000 par	131,775	131,644
	JPMorgan Chase & Co Var% 05/01/28	78,000 par	84,214	84,765
	JPMorgan Chase & Co Var% 06/01/25	124,000 par	124,230	122,575
	JPMorgan Chase & Co Var% 02/04/32	105,000 par	104,856	101,247
	Kannapolis N C Ltd Oblig 04.180% 10/01/28	230,000 par	230,000	261,933
	Kinder Morgan Inc Del 4.300% 06/01/25	77,000 par	83,102	83,242
	Los Angeles Cnty Calif Redev A 02.125% 09/01/24	200,000 par	196,529	205,186
	Lowes Cos Inc 1.700% 09/15/28	134,000 par	133,059	131,419
	Lowes Cos Inc 1.700% 10/15/30	105,000 par	105,045	99,871
	Maine St Hsg at Energy 2.010% 06/15/31	210,000 par	210,000	205,934
	Marsh & McLennan Cos Inc 3.875% 03/15/24	209,000 par	214,816	221,080
	Mastercard Inc 3.350% 03/26/30	84,000 par	97,459	92,494
	Miami-Dade Cnty Fla Aviation R 02.604% 10/01/25	185,000 par	187,157	192,043
	Microsoft Corp 2.525% 06/01/50	64,000 par	64,945	62,660
	Microsoft Corp 3.125% 11/03/25	165,000 par	171,564	176,091
	Microsoft Corp 3.750% 02/12/45	87,000 par	86,021	102,684
	Minnesota St Hsg Fin Agy 03.600% 07/01/24	5,000 par	5,000	5,050
	Mississippi St 01.482% 11/01/30	200,000 par	200,000	194,510
	MorganStanley 3.125% 01/23/23	148,000 par	151,588	151,758
	Morgan Stanely 3.700% 10/23/24	92,000 par	100,230	97,997
	Morgan Stanely 3.875% 04/29/24	160,000 par	167,219	169,645
	Morgan Stanley 4.375% 01/22/47	63,000 par	76,625	79,403
	Morgan Stanley Var% 01/22/31	65,000 par	66,213	66,567
	New York NY City Transitional 02.650% 02/01/25	60,000 par	61,516	62,456
	Northrop Grumman Corp 2.930% 01/15/25	85,000 par	90,918	88,576
	Nvidia Corp 2.850% 04/01/30	85,000 par	95,106	90,371
	Oracle Corp 3.600% 04/01/40	78,000 par	92,752	78,531
	Oracle Corp 2.950% 05/15/25	63,000 par	60,750	65,437

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate/Government Bonds (continued)			
	Oregon St 02.960% 11/01/27	140,000 par	140,357	151,144
	Pfizer Inc 3.000% 12/15/26	85,000 par	95,182	91,417
	Qualcomm Inc 2.150% 05/20/30	175,000 par	187,647	176,687
	Regions Finl Corp 2.250% 05/18/25	96,000 par	100,239	97,920
	Royal Bank of Canada 1.200% 04/27/26	94,000 par	93,963	92,384
	Shell Intl Fin 4.000% 05/10/46	60,000 par	70,833	70,009
	Southern Co 3.250% 7/01/26	62,000 par	62,152	65,620
	Thermo Fisher Scientific 1.215% 10/18/24	91,000 par	91,119	90,914
	Toronto Dominion Bk 0.750% 09/11/25	135,000 par	134,825	131,450
	Toronto Dominion Bk 1.250% 09/10/26	92,000 par	90,477	90,440
	Union Pac Corp 3.950% 09/10/28	112,000 par	128,960	125,642
	Unitedhealth Group Inc 2.000% 05/15/30	91,000 par	94,488	90,438
	Unitedhealth Group Inc 3.350% 07/15/22	175,000 par	180,963	177,814
	United States Bankcorp 1.450% 05/12/25	88,000 par	90,406	88,400
	United States Treas Bd 1.875% 02/15/41	196,000 par	191,656	194,614
	United States Treas Bd 1.875% 02/15/51	98,000 par	89,287	97,403
	United States Treas Bd 2.500% 05/15/46	232,000 par	291,131	257,392
	United States Treas Bd 2.875% 05/15/49	123,000 par	149,478	148,777
	United State Treas Bd 2.875% 11/15/46	109,000 par	108,159	129,417
	United States Treas Bd 3.000% 05/15/42	343,000 par	385,303	407,446
	United States Treas Bd 3.125% 08/15/44	91,000 par	98,389	110,892
	United States Treas Bd 3.625% 02/15/44	70,000 par	103,997	91,399
	United States Treas Bd 4.50% 02/15/36	324,000 par	420,225	446,132
	United States Treas Inflation Bond 1.375% 02/15/44	187,461 par	209,743	267,643
	United States Treas Nt 0.125% 10/15/23	480,000 par	478,797	475,258
	United States Treas Nt 0.125% 10/31/22	119,000 par	119,032	118,800
	United States Treas Nt 0.375% 12/31/25	393,000 par	387,642	381,104
	United States Treas Nt 0.375% 03/31/22	168,000 par	168,527	168,114
	United States Treas Nt 0.500% 02/28/26	471,000 par	464,561	457,845
	United States Treas Nt 0.250% 04/15/23	385,000 par	385,559	383,722
	United States Treas Nt 0.250% 09/30/25	274,000 par	272,530	265,438
	United States Treas Nt 0.625% 10/15/24	304,000 par	302,658	301,601
	United States Treas Nt 0.750% 03/31/26	464,000 par	462,615	455,425
	United States Treas Nt 0.750% 05/31/26	259,000 par	258,798	253,820
	United States Treas Nt 1.125% 02/28/25	372,000 par	385,287	373,425
	United States Treas Nt 1.250% 11/30/26	455,000 par	454,432	455,000
	United States Treas Nt 1.625% 11/15/22	288,000 par	298,116	291,082
	United States Treas Nt 1.625% 08/15/29	102,000 par	102,985	103,574
	United States Treas Nt 1.625% 05/15/31	123,000 par	126,882	124,691
	United States Treas Nt 1.500% 02/15/30	105,000 par	110,363	105,644
	United States Treas Nt 1.500% 11/30/24	548,000 par	575,559	556,757
	United States Treas Nt 2.500% 03/31/23	147,000 par	150,333	150,629
	United States Treas Nt 2.250% 11/15/24	219,000 par	218,043	227,101
	United States Treas Nt 2.250% 08/15/27	384,000 par	394,655	403,112
	United States Treas Nt 2.375% 02/29/24	213,000 par	228,570	220,255
	United States Treas Nt 2.625% 06/30/23	291,000 par	300,158	299,820
	United States Treas Nt 2.875% 05/31/25	340,000 par	375,002	360,614

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate/Government Bonds (continued)			
	United States Treas Nt 2.875% 08/15/28	294,000 par	302,421	321,345
	United States Treas Inflation Nt 0.125% 01/15/31	46,738 par	48,148	52,351
	United States Treas Inflation Nt 0.125% 07/15/26	23,072 par	21,901	25,053
	United States Treas Inflation Nt 0.125% 01/15/23	251,572 par	255,499	259,806
	United States Treas Inflation Nt 0.125% 07/15/22	203,211 par	204,358	208,224
	United States Treas Inflation Nt 0.125% 10/15/24	285,606 par	294,314	305,079
	United States Treas Inflation Nt 0.125% 04/15/25	285,829 par	294,635	305,785
	United States Treas Inflation Nt 0.375% 01/15/27	352,571 par	346,399	387,877
	United States Treas Inflation Nt 0.500% 01/15/28	298,189 par	285,201	333,739
	United States Treas Inflation Nt 0.625% 01/15/24	145,765 par	152,678	155,132
	United States Treas Inflation Nt 0.625% 04/15/23	241,569 par	232,539	252,524
	United States Treas Inflation Nt 0.750% 07/15/28	224,722 par	228,229	257,426
	United States Treas Strp 0.00% 05/15/25	232,000 par	227,380	224,028
	University Calif Rev3.806% 05/15/26	90,000 par	93,983	98,609
	University Minn Taxable 02.765% 04/01/27	140,000 par	140,000	149,141
	University Okla Revs 02.960% 07/01/22	255,000 par	266,214	258,180
	Verizon Communications Inc 2.550% 03/21/31	132,000 par	131,100	133,323
	Verizon Communications Inc 2.875% 11/20/50	105,000 par	108,449	100,027
	Verizon Communications Inc 4.329% 09/21/28	155,000 par	170,745	176,216
	VISA Inc 4.300% 12/14/45	55,000 par	55,900	69,435
	Walt Disney Company 2.350% 12/01/22	66,000 par	65,978	66,861
	Wells Fargo & Co Var% 04/30/26	129,000 par	130,096	131,334
	Wells Fargo & Co Var% 02/11/26	88,000 par	89,922	89,348
	Wells Fargo & Co 3.750% 01/24/24	245,000 par	265,639	257,451
	Wisconsin St Gen Fd 02.383% 05/01/26	160,000 par	158,739	165,787
	Total Corporate/Government Bonds		31,600,385	31,262,235
	Common and Preferred Stocks			
	Aar Corp	3004 shares	106,036	117,246
	Abbott Labs	4673 shares	594,607	657,678
	Abbvie Inc	6265 shares	536,048	848,281
	Abertis Infraestructuras S A	10,075 shares	122,791	-
	Accenture PLC	4,346 shares	455,189	1,801,634
	ACI Worldwide Inc	1,670 shares	44,686	57,949
	Adapthealth Corp	3,301 shares	69,831	80,742
	Adobe Inc	3,812 shares	724,905	2,161,633
	Advantest Corp	1,886 shares	122,449	180,886
	Akzo Nobel N V	3,435 shares	110,847	126,202
	Alibaba Group Hldg Ltd	1,744 shares	322,451	207,170
	Air Transpt	4,032 shares	111,582	118,460
	Align Technology Inc	1,855 shares	424,000	1,219,069
	Alphabet Inc	884 shares	728,833	2,557,934
	Amazon Com Inc	661 shares	766,187	2,203,999
	American Express Co	5,502 shares	728,169	900,127
	Ameris Bancorp	1,996 shares	92,579	99,161
	Amicus Therapeutics Inc	6,482 shares	92,925	74,867

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common and Preferred Stocks (continued)			
	Amn Healthcare Svcs Inc	1,029 shares	121,758	125,878
	Anglo Amern Plc	16,192 shares	198,003	333,231
	Anthem Inc	1,360 shares	387,974	630,414
	AON PLC	1,301 shares	241,936	391,029
	Apple Inc	11,190 shares	447,505	1,987,008
	Ares Mgmt Corp	1,006 shares	74,382	81,758
	Argenx Se	161 shares	25,302	56,381
	Argo Group International Hldgs	1,634 shares	86,331	94,952
	Arista Networks Inc	1,359 shares	82,507	195,356
	Arrowhead Pharmaceuticals Inc	1,832 shares	44,828	121,462
	ASE Technology Holding Co	77,822 shares	355,778	607,790
	Asml Holdings NV	1,258 shares	291,418	1,001,544
	Astrazeneca Plc	6,540 shares	349,052	380,955
	Atlas Copco	712 shares	43,838	49,349
	Atricure Inc	1,237 shares	55,641	86,009
	Avient Corp	1,214 shares	54,827	67,923
	Banco Bradesco S A	32,035 shares	173,609	109,560
	Bancolombia S A	5,801 shares	230,499	183,254
	Bandai Namco Hldgs Inc	481 shares	20,895	18,711
	Baush Health Cos Inc	4,829 shares	106,181	133,329
	Baxter International Inc	8,706 shares	674,371	747,323
	Bayerische Motoren Werke AG	11,176 shares	325,042	373,278
	BDO Unibank Inc	6,000 shares	157,926	149,685
	Beigene Ltd	246 shares	42,331	66,649
	Berkeley Group-Unspon	17,509 shares	236,466	234,971
	Berry Global Group Inc	1,790 shares	76,358	132,066
	Blackline Inc	631 shares	57,703	65,334
	Blackrock Inc	203 shares	139,825	185,859
	BP Plc	2,454 shares	67,556	65,350
	Boston Scientific Corp	16,830 shares	643,269	714,938
	Broadcom Inc	1,701 shares	792,708	1,131,862
	Carmax Inc	1,001 shares	95,961	130,360
	Cathay General Bancorp	2,363 shares	94,831	101,585
	Championx Corp	4,557 shares	79,739	92,097
	Chemours Co	3,190 shares	98,316	107,056
	Chevron Corp	4,542 shares	466,737	533,004
	Chow Tai Fook Jewellery	1,646 shares	33,678	29,463
	Chr Hansen Hldg	3,551 shares	81,748	69,884
	Chubb Ltd	4,770 shares	618,749	922,089
	CIGNA Corp New	1,784 shares	331,083	409,660
	Cisco Systems Inc	11,779 shares	437,353	746,435
	CitiGroup Inc	5,896 shares	368,286	356,059
	Citizens Finl Group Inc	3,082 shares	78,099	145,624
	Civitas Resources Inc	1,789 shares	84,959	87,607
	Cognex Corp	921 shares	44,084	71,617
	Colgate Palmolive Co	2,255 shares	179,568	192,442
	Comcast Corp	24,596 shares	992,904	1,237,917

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common and Preferred Stocks (continued)			
	Conocophillips	2,449 shares	126,906	176,769
	Costco Whsl Corp	1,873 shares	368,336	1,063,302
	Credicorp Ltd	662 shares	121,339	80,810
	Daimler Ag	16,148 shares	171,864	380,964
	Danaher Corp Del	688 shares	108,899	226,359
	Deckers Outdoor Corp	394 shares	130,041	144,326
	Devon Energy Corp	4,592 shares	101,373	202,278
	Dexcom Inc	1,673 shares	642,911	898,317
	Diageo PLC	789 shares	126,586	173,690
	Dicks Sporting Goods Inc	706 shares	26,695	81,183
	Diodes Inc	1,151 shares	113,316	126,391
	Dolby Laboratories Inc	1,003 shares	57,268	95,506
	Dominion Energy Inc	2,794 shares	215,055	219,497
	Duke Energy Corp	3,515 shares	323,256	368,724
	Dupont De Nemours	3,347 shares	261,875	270,371
	Eaton Corp PLC	1,808 shares	197,026	312,459
	Eiffage	1,087 shares	22,350	22,364
	Electricite De France	7,886 shares	23,001	17,744
	Emcor Group Inc	1,879 shares	173,416	239,366
	Emergent Biosolutions Inc	1,671 shares	74,040	72,638
	Enagas S A	12,906 shares	146,084	149,451
	Entain Plc	8,310 shares	138,136	189,967
	Entegris Inc	1,227 shares	42,411	170,038
	Ericsson American	23,951 shares	276,438	260,347
	Etsy Inc	790 shares	44,220	172,963
	Evercore Inc	951 shares	121,467	129,193
	Exelixis Inc	4,244 shares	90,740	77,580
	Exlservice Holdgs Inc	987 shares	131,172	142,888
	Fabrinet	1,232 shares	139,491	145,955
	Fidelity Natl Information Svcs	7,881 shares	559,589	860,211
	Fix Price Group Ltd	10,980 shares	103,545	82,899
	Fortinet Inc	625 shares	46,819	224,625
	Foschini Group Ltd	10,529 shares	108,987	83,153
	G-III Apparel Group Ltd	1,952 shares	49,150	53,953
	Glencore Plc	40,628 shares	333,217	409,530
	Godaddy Inc	1,157 shares	88,016	98,183
	Graco Inc	855 shares	39,315	68,930
	Graphic Packaging Hldg	5,566 shares	101,522	108,537
	Gray Television Inc	4,993 shares	92,312	100,659
	Green Brick Partners Inc	3,950 shares	107,411	119,804
	Griffon Corp	4,023 shares	99,352	114,575
	Grupo Financiero Banorte S A B	8,430 shares	224,767	273,722
	Guardant Health Inc	461 shares	31,432	46,109
	HDFC Bk Ltd	2,923 shares	154,866	190,200
	Hillenbrand Inc	1,723 shares	82,217	89,579
	Hilltop Hldgs Inc	3,915 shares	131,657	137,573
	Home Depot Inc	2,416 shares	457,512	1,002,664

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common and Preferred Stocks (continued)			
	Honeywell Intl Inc	4,843 shares	647,925	1,009,814
	Hyatt Hotels Corp	1,759 shares	114,265	168,688
	ICICI Bk Ltd	17,992 shares	202,303	356,062
	Icon Plc	217 shares	70,274	67,205
	Idemitsu Kosan Co Ltd	1,698 shares	21,751	21,653
	IHS Markit Ltd	7,034 shares	420,251	934,959
	II-VI Inc	1,244 shares	82,821	85,003
	Illinois Tool Works Inc	1,305 shares	229,949	322,074
	Illumina Inc	703 shares	172,884	267,449
	Imcd Group	202 shares	22,529	22,363
	Inari Med Inc	605 shares	44,571	55,218
	Inpex Corp	2,716 shares	22,291	23,806
	Inpost Sa	25,171 shares	228,023	147,250
	Insperty Inc	738 shares	66,178	87,165
	Integer Hldgs Corp	1,050 shares	84,911	89,869
	Intl Flavors & Fragrance	4,223 shares	567,184	636,195
	Invesco Ltd	4,884 shares	114,976	112,430
	Investors Bancorp Inc	8,160 shares	114,677	123,624
	Ipsen S A	4,405 shares	116,237	103,385
	Iqvia Hldgs Inc	3,395 shares	537,384	957,865
	Irhythm Technologies Inc	1,193 shares	96,099	140,404
	Jack Henry & Assoc Inc	370 shares	50,819	61,786
	Jack in the Box Inc	986 shares	78,573	86,255
	Jacobs Engn Group	658 shares	86,445	91,613
	JD Com Inc	1,161 shares	102,299	81,351
	Johnson & Johnson	3,167 shares	451,698	541,779
	Johnson Matthey Pub Ltd Co	2,187 shares	135,968	121,422
	J P Morgan Chase and Co	9,720 shares	886,907	1,539,162
	Kajima Corp	26,183 shares	327,778	300,057
	Kddi Corp	10,544 shares	133,091	154,470
	Kimberly Clark Corp	1,081 shares	132,683	154,497
	KKR & Co Inc	1,588 shares	105,254	118,306
	Koito Manufacturing	376 shares	21,770	20,522
	Kone Oyj	1,452 shares	58,747	51,909
	La-Z-Boy Inc	1,842 shares	61,847	66,883
	Linde PLC	2,597 shares	358,636	899,679
	Lithia Mtrs Inc	266 shares	76,897	78,989
	Lockheed Martin Corp	2,161 shares	609,404	768,041
	Lowe's Companies Inc	5,103 shares	423,409	1,319,023
	Lundin Pete Ab	6,579 shares	175,923	235,798
	Malibu Boats Inc	1,657 shares	103,779	113,886
	Makita Corp	719 shares	28,084	30,673
	Marriott Intl Inc	891 shares	137,347	147,229
	Marsh & McLennan Cos Inc	5,737 shares	432,840	997,205
	Mastercard Inc	2,708 shares	502,525	973,039
	McDonalds Corp	2,907 shares	527,888	779,279
	McGrath Rentcorp	901 shares	65,902	72,314

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common and Preferred Stocks (continued)			
	Mckesson Corp	883 shares	153,171	219,487
	Medtronic PLC	7,624 shares	683,218	788,703
	Merck & Co Inc	9,907 shares	740,878	759,272
	Meta Platforms Inc	5,064 shares	620,496	1,703,276
	Microsoft Corp	6,437 shares	612,137	2,164,892
	Mid Penn Bancorp Inc	1,740 shares	50,000	55,228
	Minth Gourp Ltd	1,587 shares	152,315	141,636
	Modelez Intl Inc	8,444 shares	364,888	559,922
	Mohawk Inds Inc	595 shares	53,232	108,397
	Molina Healthcare Inc	396 shares	54,084	125,960
	Mongodb Inc	153 shares	56,620	80,991
	Morgan Stanley	4,232 shares	364,523	415,413
	Mosaic Co	3,385 shares	62,985	132,997
	Motorola Solutions Inc	3,630 shares	520,384	986,271
	Nasdaq OMX Group Inc	1,205 shares	148,778	253,062
	National Bank Hold	1,990 shares	83,014	87,441
	Nestle S A	5,739 shares	564,820	805,583
	Netflix Com Inc	1,384 shares	752,155	833,777
	Neurocrine Biosciences Inc	682 shares	73,339	58,086
	Nexi S P A	3,602 shares	56,687	57,308
	Nextera Energy Inc	6,862 shares	161,257	640,636
	Nike Inc	3,765 shares	582,057	627,513
	Nintendo Ltd	2,503 shares	132,811	146,100
	Nippon Shinyaku Co Ltd	1,250 shares	23,039	21,738
	Nippon Yusen Kabushiki Kaisha	11,986 shares	40,338	186,502
	Nmi Holdings Inc	2,938 shares	57,848	64,195
	Nokia Corp	30,824 shares	153,449	191,725
	Nordson Corp	399 shares	42,420	101,853
	Norsk Hydro A S	8,215 shares	42,903	64,899
	Northrop Gruman Corp	977 shares	305,338	378,167
	Northwestern Corp	946 shares	51,581	54,073
	Novocure LTD	698 shares	60,678	52,406
	Nvidia Corp	7,577 shares	443,258	2,228,471
	NXP Semiconductors NV	880 shares	145,018	200,446
	NY Times Co	2,172 shares	73,396	104,908
	OAQ Novatek	357 shares	58,493	81,865
	Omron Corp	3,825 shares	288,466	384,221
	Ono Pharmaceutical Co Ltd	38,001 shares	263,549	314,268
	Oriental Land	688 shares	22,085	23,175
	Orion Engineered Carbons	5,264 shares	87,984	96,647
	Orsted Shs	2,008 shares	101,371	85,802
	Outset Med Inc	1,270 shares	61,213	58,534
	Packaging Corp Amer	2,809 shares	211,387	382,445
	Pagseguro Digital Ltd	4,165 shares	111,209	109,206
	Paypal Holdings Inc	6,771 shares	493,560	1,276,875
	PDC Energy Inc	2,052 shares	92,165	100,097
	Pepsico Inc	4,281 shares	465,497	743,653

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Common and Preferred Stocks (continued)				
	Pernod-Ricard SA	8,306 shares	296,589	402,675
	Philip Morris Intl Inc	6,524 shares	585,326	619,780
	Phillips 66	5,411 shares	431,556	392,081
	Ping An Ins Group Co China Ltd	9,010 shares	202,412	129,203
	Pioneer Nat Res Co	496 shares	57,942	90,212
	PNC Finl Svcs Group Inc	1,012 shares	157,231	202,926
	Portland Gen Elec Co	1,847 shares	95,291	97,743
	Power Integrations Inc	876 shares	37,299	81,372
	PPG Industries Inc	1,386 shares	192,327	239,002
	Primoris Services Corp	3,369 shares	74,679	80,789
	Prog Holdings Inc	2,278 shares	99,526	102,761
	Progressive Crp Ohio	3,508 shares	338,431	360,096
	PT Bank Rakyat	11,435 shares	147,333	164,092
	PT Bk Cent Asia Tbk	11,280 shares	117,929	150,193
	Publicis Groupe	4,942 shares	77,650	83,520
	Pubmatic Inc	2,540 shares	92,696	86,487
	Randstad NV	11,090 shares	331,679	376,838
	Recruit Hldgs Co Ltd	1,952 shares	13,840	23,775
	Red Electrica Corp	2,202 shares	23,148	23,760
	Regal Rexnord Corp	526 shares	78,426	89,515
	Reliance Inds	2,972 shares	125,719	189,361
	Remy Cointreau S A	15,825 shares	304,108	391,194
	RH	139 shares	71,376	74,496
	Ritchie Bros Auctioneers Inc	662 shares	41,527	40,521
	Roche Holdings Genush	59 shares	22,913	24,478
	Roche Hldg Ltd	7,890 shares	293,667	407,834
	Rolls Royce Group	27,370 shares	50,635	44,339
	Royal KPN NV	51,114 shares	132,038	156,409
	S&P Global Inc	1,204 shares	239,013	568,204
	Salesforce Com Inc	5,727 shares	575,069	1,455,403
	Samsung Electr-Grd Reg	272 shares	304,469	447,899
	Sberbank	7,793 shares	106,851	122,740
	Scheider Elec Se	10,106 shares	255,649	396,256
	Schwab Charles Corp New	19,165 shares	752,975	1,611,776
	Sekisui House Ltd	7,885 shares	130,623	171,341
	Select Medical Holdings Corp	4,558 shares	121,556	134,005
	Semtech Corp	776 shares	38,827	69,010
	Servicenow Inc	3,444 shares	556,305	2,235,535
	Shockwave Med Inc	550 shares	56,581	98,082
	Shyft Group Inc	2,207 shares	99,309	108,430
	Siemens Ag	3,887 shares	322,477	336,614
	Silicon Motion Technology	4,237 shares	192,259	402,642
	Singapore Airlines Ltd	10,422 shares	73,305	76,966
	Smith A O	1,416 shares	72,682	121,564
	Snowflake Inc	1,371 shares	308,723	464,426
	Sonova Hldg Ag	1,700 shares	75,158	133,484
	Southern Co	5,590 shares	334,039	383,362

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

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(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common and Preferred Stocks (continued)			
	Southwest Gas Holdings	1,222 shares	85,477	85,601
	Spectrum Brands Holdings	1,444 shares	134,954	146,883
	Springworks Therapeutics Inc	1,041 shares	82,641	64,521
	Standard Bk Group Ltd	18,804 shares	277,303	165,099
	Stand Motor Prod	1,228 shares	60,646	64,335
	Stanley Black & Decker Inc	1,577 shares	262,608	297,454
	Stewart Info Svc	1,410 shares	103,076	112,419
	Stifel Financial Corp	1,671 shares	108,646	117,672
	Straumann Hldg Ag	1,138 shares	50,202	122,904
	Sumitomo Metal Mng Co Ltd	3,532 shares	27,374	33,683
	Swisscom AG	3,531 shares	169,346	199,219
	Synchrony Finl	3,392 shares	75,339	157,355
	Taiwan Semiconductor Mfg	5,257 shares	259,124	632,470
	Techtronic Inds Ltd	4,948 shares	306,447	491,831
	Telefonica Deutschland	1,638 shares	22,168	22,735
	Tempur Sealy Intl Inc	2,419 shares	107,547	113,766
	Tencent Hldgs Ltd	5,947 shares	311,390	346,710
	Terna Spa-Unsponsored	11,745 shares	249,927	283,172
	Texas Instruments Inc	6,382 shares	699,894	1,202,816
	Thermo Fisher Scientific Inc	501 shares	216,813	334,287
	The Trade Desk	12,261 shares	261,034	1,123,598
	Timken Company	1,402 shares	88,483	97,145
	TJX Cos Inc	9,913 shares	676,123	752,595
	Tokyo Gas Co Ltd	1,833 shares	19,614	16,002
	Topbuild Corp	286 shares	45,979	78,910
	Toyota Motor Corp	1,326 shares	173,548	245,708
	Trane Tech Plc	4,299 shares	282,385	868,527
	Transunion	7,423 shares	452,855	880,219
	Trip Com Group LTD	6,063 shares	208,764	149,271
	Ttec Holdings Inc	741 shares	59,326	67,098
	Twilio Inc	2,238 shares	686,733	589,355
	UCB Unspnd Adr	4,032 shares	185,021	229,260
	Ufp Industries Inc	1,687 shares	138,232	155,221
	Ulta Beauty Inc	1,520 shares	356,539	626,757
	UMB Financial Corp	1,294 shares	126,947	137,306
	Union Pac Corp	4,715 shares	560,221	1,187,850
	Unitedhealth Group Inc	2,253 shares	275,108	1,131,321
	Universal Display Corp	344 shares	51,272	56,770
	Veracyte inc	1,335 shares	35,373	55,002
	Veritex Holdings Inc	1,640 shares	59,515	65,239
	Vestas Wind Systems	4,090 shares	59,135	41,595
	Virtus Invt Partners Inc	335 shares	92,713	99,528
	VISA Inc	6,485 shares	598,912	1,405,364
	Walmart Inc	3,282 shares	476,730	474,873
	Waste Connections Inc	4,458 shares	338,874	607,492
	WEC Energy Group Inc	7,845 shares	530,408	761,514
	Weibo Corp	2,276 shares	110,723	70,510

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

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(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common and Preferred Stocks (continued)			
	Werner Enterprises Inc	1,825 shares	81,842	86,980
	Whiting Petroleum Corp	1,204 shares	71,910	77,875
	Winnebago Industries	1,177 shares	77,741	88,181
	Wolters Kluwr Nv	217 shares	22,778	25,636
	World Fuel Services	2,262 shares	57,154	59,875
	Yakult Honsha Co Ltd	7,882 shares	203,198	205,342
	Yandex NV	1,130 shares	58,832	68,365
	Yaskawa Elec Corp	195 shares	19,990	19,313
	Yokogawa Electronic Corp	5,586 shares	213,376	201,213
	Zendesk Inc	618 shares	61,801	64,451
	Zentaris Pharmaceuticals	623 shares	45,057	52,369
	Zhongsheng Group	1,989 shares	174,165	154,665
	Zoetis Inc	5,029 shares	454,979	1,227,227
	Zto Express Cayman	4,139 shares	133,841	116,803
	Total Common and Preferred Stocks		66,314,833	108,321,709
	Registered Investment Companies			
	American Europacific Gr Fd R6	5,316 shares	364,500	344,113
	American New Perspective	3,955 shares	265,977	262,783
	Blackrock AllocationTarget	17,168 shares	190,391	183,531
	Blackrock AllocationTarget	189,276 shares	1,878,676	1,826,513
	Blackrock AllocationTarget	27,988 shares	280,160	279,320
	Blackrock EQ Dividend CI K	153,165 shares	3,560,560	3,317,558
	Blackrock Global Allocation K	87,833 shares	2,017,669	1,840,975
	Blackrock Global Long Short Credit Fund	98,039 shares	1,000,000	972,549
	BNY Mellon Global Fixed	169,617 shares	3,640,141	3,667,126
	Clearbridge Small Cap Grth IS	8,693 shares	499,049	454,042
	Columbia Contrarian Core	130,293 shares	4,688,253	4,439,070
	Delaware Corporate BD Fund	1,245,972 shares	7,647,520	7,774,866
	Delaware Value Fund	636,776 shares	13,167,690	13,474,180
	Federated Hermes Govt Oblg Adv	1,446,476 shares	1,446,476	1,446,476
	Fixed Income Shares Series C F	80,747 shares	854,432	869,645
	Fixed Income Shares Series M F	82,790 shares	847,260	855,221
	Fixed Income Shares Series R	211,777 shares	2,088,584	2,287,192
	FS Chiron Capital Allocation Fund	587,210 shares	6,907,590	9,189,832
	Fuller & Thaler Behavrl Instl	15,826 shares	593,337	603,608
	Hartford Mid Cap Fd R6	12,718 shares	596,003	547,402
	Invesco Developing Mkts Fd R6	9,845 shares	545,735	462,725
	Ishares MSCI EAFE Intrnl Idx K	17,611 shares	282,805	279,304
	Ishares S&P 500 Index Fd	9,144 shares	4,713,965	5,125,376
	Ishares U.S. Aggregate Bnd K	74,120 shares	748,599	777,520
	Janus Henderson Sml Cap Val N	12,448 shares	309,884	318,170
	JP Morgan High Yield Fund CL R6	21,794 shares	159,697	158,221
	JPM Incm Smart Rtrmnt R6	64,278 shares	1,145,174	1,066,377
	JPM Smart Rtrmnt 2020 Fund R6	183,122 shares	3,455,728	3,153,358
	JPM Smart Rtrmnt 2030 Fund R6	314,734 shares	6,893,482	6,417,424

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Registered Investment Companies (continued)			
	JPM Smart Rtrmnt 2040 Fund R6	122,656 shares	3,135,414	2,825,988
	JPM Smart Rtrmnt 2050 Fund R6	114,422 shares	2,924,406	2,664,896
	JPM Smart Rtrmnt 2060 Fund R6	8,794 shares	207,832	200,332
	Loomis Sayles Growth Fund CL N	361,225 shares	9,538,026	9,467,700
	Lord Abbett Short Duration R6	210,596 shares	882,107	873,972
	MFS International Intrinsic VL FD R6	38,583 shares	2,091,800	2,054,539
	MFS Mid Cap Value Fd R6	50,891 shares	1,612,623	1,650,409
	Pimco Real Return Fd CL Inst	17,513 shares	211,189	215,762
	Pimco Total Return Port. Instl	145,483 shares	1,496,885	1,494,109
	T. Rowe Price Extnd Eq Mrk Inv	11,800 shares	343,443	426,941
	Templeton Global Bd Fund	130,611 shares	1,654,609	1,149,374
	Total Registered Investment Companies		94,887,671	95,418,499
	Other Investments			
	Alkeon Growth Offshore Fund Ltd	1,367,301 shares	1,600,000	1,367,301
	American Tower	4,899 shares	732,402	1,432,957
	Brandywine Realty	6,971 shares	90,365	93,551
	Caretr Reit Inc	5,271 shares	113,589	120,337
	Corp Office Pptys Trust	3,852 shares	102,832	107,740
	Duke Realty Corp	13,345 shares	581,447	875,966
	Epr Pptys	1,997 shares	87,029	94,837
	Equinix Inc	744 shares	299,663	629,305
	Ironwood Multi-Strategy Fund LLC	2,413 shares	2,620,624	3,012,532
	Jones Lang Lasalle Income Property Trust Inc Class A	58,504 shares	654,116	793,308
	Jones Lang Lasalle Income Property Trust Inc Class AI	134,612 shares	1,535,085	1,829,377
	LXP Industrial Trust	9,361 shares	140,133	146,219
	Partners Group Private Equity	352,063 shares	569,028	2,893,003
	Piedmont Office Realty	6,337 shares	109,027	116,474
	Pimco Flexible Credit	85,833 shares	826,512	811,118
	Renaissance Access LLC TR A	283,195 shares	575,000	692,923
	Total Other Investments		10,636,852	15,016,948
	Total Investments		<u>\$ 218,588,680</u>	<u>\$ 265,168,330</u>
	*Party-in-interest to the Plan.			

SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS**SPONSOR EIN: 23-1886296****PLAN NUMBER: 002****DECEMBER 31, 2021**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Sales Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Blackrock Liquidity Funds	Money Market Funds	\$ 53,567,493	N/A	\$ 53,567,493	series of dates	N/A
Blackrock Liquidity Funds	Money Market Funds	N/A	\$ 46,154,576	\$ 46,154,576	series of dates	N/A

"Lease Rental" and "Expense Incurred with Transaction" were not applicable in 2021.

Schedule H, line 4j – Schedule of Reportable Transactions

Plan Name: Stevens & Lee Savings Plan

Employer I.D. #: 23-1886296

Plan Number: 002

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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Schedule of Reportable Transactions is contained in the attached audit report.

Schedule C, line 2(h) – Formula Description

Plan Name: Stevens & Lee Savings Plan
Employer I.D. #: 23-1886296
Plan Number: 002

(a) Name of Investment Fund (Source of Compensation)	(b) Name of Investment Adviser (Service Provider)	(c) Formula as Percentage of Assets	(d) Other Formula, if any
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See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule H, line 4i – Schedule of Assets (Held At End of Year)

Plan Name: Stevens & Lee Savings Plan

Employer I.D. #: 23-1886296

Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.